

Not for Public Access*

| STATE OF INDIANA) COUNTY OF) In the Matter of the Estate of)) | |) | | | COURT | |
|--|-------------------------------|-------------------------------|--------------------------|-----------------------|------------------------------------|--|
| | |) SS:) | DIV. OR RO | OM NO | COUNTY | |
| | |)) | SOCIAL SECURITY NO | | | |
| ORD | ER DETERMINI | ———) NG INHERITANCI | E TAX DUE FO | OR INDIANA | A RESIDENT | |
| finds that: | | - | - | | advised in the premises, now | |
| | | | | | for a no tax determination was | |
| - | Report, if any, was duly file | ed and notice, unless waive | d, was given pursuan | t to IC 6-4.1-5-9. | | |
| 4. The fair market va Total Gross FMV | | of death of the property in | terest subject to the i | nheritance tax is as | follows: | |
| Total Value of Alle | owable Deductions | | | \$ | | |
| Total Net FMV of | Estate | | | \$ | | |
| 5. The amount of inh | neritance tax due, determin | ned as indicated, is: | | | | |
| NAME | RELATIONSHIP | VALUE OF INTEREST | EXEMPTION | TAX RATE | AMOUNT OF TAX | |
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| | | | | TOTAL TAX |) | |
| 5 The interest rate on | any delinguent inheritano | e tax due is ten percent (10 | %) per annum from t | the date of death in | ntil paid pursuant to IC 6-4.1-9-1 | |
| 7. The total penalty fo | | nce tax return is fifty cents | | | s delinquent up to a maximum of | |
| 3. The description of a s if included herei | | wned by the decedent at the | e time of death is atta | ched hereto as Exh | ibit A and made a part hereof | |
| WHEREFORE, IT IS C | ORDERED That the above | named beneficiaries of this | estate and/or their lega | al representative pay | y the amounts as above set forth. | |
| All of which is ordered | this | day of | | | , 20 | |
| | | | | Judge | | |

^{*} Once completed, this form is confidential pursuant to IC 6-4.1-12-12. To comply with Administrative Rule 9 and Trial Rule 5(G) this form is marked "Not for Public Access" and is required to be filed on light green paper if it is filed for an otherwise public estate.